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MCO Communication Bulletin #J117

Date: January 9, 2015
To: LME-MCOs
From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA
Subject: Clarification of Joint Communication Bulletin #J098: MCM

The purpose of this bulletin is to describe some options to address the assessment and discharge planning functions necessary in a hospital ED environment without utilizing mobile crisis management:

1. Contract with independent practitioner (LCSW, LPC, Psychologist) to offer outpatient evaluations and discharge on an on-call basis in the ED.
2. Embed an administrative-level individual (or place them on-call to work with ED without necessarily having to be IN the ED) to coordinate discharge and follow-up to ensure aftercare is received. For example, non-clinical care coordination staff could make phone calls to help arrange aftercare transportation and communicate with existing providers for the individual being discharged from the ED.
3. Use identified STR staff specifically for this purpose; it might work well for an ED that has telepsychiatry.

Please note that section 6.13 of the LME MCO contract states:

PIHP shall coordinate and monitor Behavioral Health hospital and institutional admissions and discharges, including discharge planning. An alternative service definition may also be an option that can be discussed with DMA.

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Please direct any questions to Katherine.Nichols@dhhs.nc.gov or Kelsi.Knick@dhhs.nc.gov.

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